

CHECKLIST PERFORMANCE STANDARDS FORM

NAME:	RATING PERIOD:
PERFORMANCE CATEGORY NO. <u>1</u>:	CLINICAL
CATEGORY WEIGHT: 30%	

Five-Point Rating Scale:

- 5 = Exceptional**
- 4 = Exceeds Expectations**
- 3 = Meets Expectations**
- 2 = Below Expectations**
- 1 = Unacceptable**

- D= Mid-Period Discussion** (No Rating; placed a check “√” in box if Mid-Period Discussion was held)
- W= Weight** (Weight, or, if all elements are weighted equally, check all that apply)
- R= Rating** (1 through 5; whole numbers only)
- WR= Weighted Rating** (Weight X Rating; rounded to 2 decimal places)

Performance Category Elements:	Verification Method	D	W	R	WR
1. Assists with the Minimum Set Data (MDS) Assessment, ongoing quarterly reviews and resident care plans; reports and records findings accordingly.					
2. Demonstrates respect for residents by maintaining resident's dignity, providing privacy and abiding by Residents' Rights.					
3. Maintains appropriate clinical and administrative documentation regarding diagnosis, treatment and summary of client progress.	Observ. Fedbak. Documt.	√	30%		
4. Accurately receives and delivers a variety of information regarding the residents' medical, social, functional and other needs.					
5. Follows the resident care plan.	Observ. Fedbak. Documt.	√	60%		
6. Administers medications and/or performs treatments as ordered by the physician.					
7. Conducts, attends, and participates in inservice training and staff development programs.	Observ. Fedbak. Documt.	√	10%		
8. Designs, organizes and/or carries out a program of Therapeutic Recreation services as part of a rehabilitation program.					
9. Conducts therapy sessions with individuals and groups in accordance with treatment plans and specific methodologies and techniques.					
10. Participates in admission process, including review of potential residents and placement within the facility.					
11. Coordinates discharge of residents including making arrangements for needed services upon discharge.					
12. Serves as liaison to resident and family for community resources and in-house services.					

Calculate the Category Rating (rounded to 2 decimal placed) by using one of the following methods:

Category Rating _____

1. If weights were assigned and a Weighted Rating calculated for each element, total the Weighted Rating (WR) column; or,
2. If all elements are weighted equally and weights were not assigned, total the Rating (R) column and divide by the number of elements rated.

Performance Plan Employee Acknowledgment: _____	Date: _____
Mid-Period Discussion Employee Acknowledgment: _____	Date: _____
Performance Appraisal Employee Acknowledgment: _____	Date: _____
Name Of Rater: _____ Signature: _____ Date: _____ Relationship Of Rater <input type="checkbox"/> Supervisor <input type="checkbox"/> Self <input type="checkbox"/> Peer/Team Member <input type="checkbox"/> Subordinate Other (Specify) _____	

AVSC 01-096

(NURSING/CNA/CLINICAL)

CHECKLIST PERFORMANCE STANDARDS FORM

NAME:	RATING PERIOD: _____ to _____
PERFORMANCE CATEGORY No. <u>2</u>: CUSTOMER SERVICE	
CATEGORY WEIGHT: 35%	

Five-Point Rating Scale:

5 = Exceptional
4 = Exceeds Expectations
3 = Meets Expectations
2 = Below Expectations
1 = Unacceptable

D= Mid-Period Discussion (No Rating; placed a check "√" in box if Mid-Period Discussion was held)

W= Weight (Weight, or, if all elements are weighted equally, check all that apply)

R= Rating (1 through 5; whole numbers only)

WR= Weighted Rating (Weight X Rating; rounded to 2 decimal places)

Performance Category Elements:	Verification Method	D	W	R	WR
1. Treats customers with courtesy and respect.	Observ. Fedbak. Documt.	√	25%		
2. Makes an effort to be in touch with customer needs and satisfaction levels.					
3. Takes responsibility for ensuring the customer is served.	Observ. Fedbak. Documt.	√	50%		
4. Ensures the customer is given accurate information.					
5. Keeps commitments to customers.					
6. Provides timely service to customers.	Observ. Fedbak. Documt.	√	25%		
7. Takes customer's needs into consideration when developing plans or systems.					
8. Presents a professional image to customers in attire and maintenance of workspace.					
9. Continually improves job skills to increase the quality of customer service.					
10. Continually seeks improvements to work processes to enhance customer service.					
11. Contributes to providing recognition for quality customer service.					
12. Models, trains, and coaches others to reinforce commitments to customer service.					
13. Keeps commitments to others to enable them to provide quality customer service.					
14.					
15.					

Calculate the Category Rating (rounded to 2 decimal placed) by using one of the following methods: **Category Rating** _____

1. If weights were assigned and a W eighted Rating calculated for each element, total the Weighted Rating (WR) column; or,

2. If all elements are weighted equally and weights were not assigned, total the Rating (R) column and divide by the number of elements rated.

Performance Plan Employee Acknowledgment: _____	Date: _____
Mid-Period Discussion Employee Acknowledgment: _____	Date: _____
Performance Appraisal Employee Acknowledgment: _____	Date: _____

Name Of Rater: _____	Signature: _____	Date: _____
Relationship Of Rater <input type="checkbox"/> Supervisor <input type="checkbox"/> Self <input type="checkbox"/> Peer/Team Member <input type="checkbox"/> Subordinate Other (Specify) _____		

CHECKLIST PERFORMANCE STANDARDS FORM	
NAME:	RATING PERIOD: _____ to _____

PERFORMANCE CATEGORY No. <u>3</u>:	WORK HABITS	CATEGORY WEIGHT: 35%
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Five-Point Rating Scale: <div style="margin-left: 20px;"> 5 = Exceptional 4 = Exceeds Expectations 3 = Meets Expectations 2 = Below Expectations 1 = Unacceptable </div>	<div style="margin-left: 20px;"> D= Mid-Period Discussion (No Rating; placed a check “√” in box if Mid-Period Discussion was held) W= Weight (Weight, or, if all elements are weighted equally, check all that apply) R= Rating (1 through 5; whole numbers only) WR= Weighted Rating (Weight X Rating; rounded to 2 decimal places) </div>
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Performance Category Elements:	Verification Method	D	W	R	WR
1. Reports to work area by designated time. Does not leave until designated time.		√	10%		
2. Appropriately plans and organizes activities.					
3. Completes assignments on time.					
4. Completes assignments accurately and thoroughly.	Observ. Fedbak. Documt.	√	10%		
5. Accepts responsibility.					
6. Uses state resources and/or materials appropriately.		√			
7. Adapts to changing priorities.					
8. Manages time effectively.					
9. Produces expected level of work.					
10. Follows safety and security procedures.	Observ. Fedbak. Documt.	√	10%		
11. Arrives to meetings on time.					
12. Follows through on commitments.					
13. Is self-motivated. Takes initiative.		√			
14. Is effective in group/team meetings.					
15. Acts cooperative.	Observ. Fedbak. Documt	√	10%		
16. Demonstrates creativity and innovation.					
17. Is flexible. Adjusts to changing situations.	Observ. Fedbak. Documt.	√	10%		
18. Keeps appropriate employees informed regarding whereabouts.		√			
19. Exercises appropriate judgment.					
20. Maintains good attendance.	Observ. Fedbak. Documt.	√	50%		
21. Complies with agency/area policy regarding breaks (e.g. lunch/ coffee breaks).					
22. Interacts appropriately with co-workers.					

Calculate the Category Rating (rounded to 2 decimal placed) by using one of the following methods:

1. If weights were assigned and a Weighted Rating calculated for each element, total the Weighted Rating (WR) column; or,
 2. If all elements are weighted equally and weights were not assigned, total the Rating (R) column and divide by the number of elements rated.

Category Rating

Performance Plan Employee Acknowledgment: _____ Date: _____ Mid-Period Discussion Employee Acknowledgment: _____ Date: _____ Performance Appraisal Employee Acknowledgment: _____ Date: _____
Name Of Rater: _____ Signature: _____ Date: _____ Relationship Of Rater <input type="checkbox"/> Supervisor <input type="checkbox"/> Self <input type="checkbox"/> Peer/Team Member <input type="checkbox"/> Subordinate Other (Specify) _____

STATE OF ARIZONA UNIVERSAL PERFORMANCE APPRAISAL SCORE FORM

EMPLOYEE NAME:	RATING PERIOD: TO

SSN:	EMPLOYEE POSITION NUMBER:
AGENCY: DEPARTMENT OF VETERAN SERVICES	EMPLOYEE CLASSIFICATION: CERTIFIED NURSING ASST.
DIVISION: ASVH	SUPERVISOR NAME:
SECTION/UNIT: NURSING / UNIT	REVIEWER NAME:
Grant Permanent Status (Check one): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/> Extend Probation (contact Human Resources/Person Representative)	APPRAISAL TYPE (Check one): <input type="checkbox"/> Annual <input type="checkbox"/> End of Probation <input type="checkbox"/> Close-out <input type="checkbox"/> Other _____

Enter Categories, Category Weights and Ratings from the applicable Performance Standards Forms: Category Category Weighted
(If multiple raters are used, use the Multi-Rater Score Worksheet before filling out this sheet) Weight X Rating* = Rating

Responsibility/ Category #1: CLINICAL	30%		
Responsibility/ Category #2: CUSTOMER SERVICE	35%		
Responsibility/ Category #3: WORK HABITS	35%		
Responsibility/ Category #4:			
Responsibility/ Category #5:			
Responsibility/ Category #6:			
Responsibility/ Category #7:			
Responsibility/ Category #8:			
Responsibility/ Category #9:			
RATING PERIOD SCORE**:	100%		

*Ratings have been transferred from the appropriate Performance Standards Forms and are based on Five-Point Rating Scale, as follows:
5 = Exceptional 4 = Exceeds Expectations 3 = Meets Expectations 2 = Below Expectations 1 = Unacceptable

**Calculate the Rating Period Score (rounded to 2 decimal places) by using one of the following methods:

1. If weights were assigned and a Weighted Rating calculated for each Category, total the Weighted Rating column; or,
2. If all Categories are weighted equally and weights were not assigned, total the Category Rating column and divide by the number of Categories rated.

EMPLOYEE COMMENTS (USE ATTACHMENT IF NECESSARY):	
I hereby certify that I have had an opportunity to review this form and related documentation and understand that I am to receive a copy. I am aware that my signature does not necessarily mean that I agree with the rating. I am aware that I have the right to grieve the appraisal and that time restrictions apply. I may request a copy of the grievance procedures from my supervisor or the agency/division Human Resources/Personnel representative.	
<input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> I intend to submit a grievance on this evaluation (See agency policy for time restrictions and Responding Authority).	
EMPLOYEE SIGNATURE _____	DATE _____
RATER SIGNATURE _____	DATE _____
REVIEWER SIGNATURE _____	DATE _____